

CMS 2012 Medicare Prescription Drug Benefit Symposium

March 20-21, 2012
Marriott Hunt Valley Inn
Hunt Valley, MD



The objective of this symposium is to promote innovation and dynamic thought by focusing on Part D research and outcomes from both CMS and industry experts. The focus of this program is directed towards quality assurance and analysis to assess the Part D program effectiveness.

Plenary & Breakout Speakers | Day One

March 20, 2012

Opening Remarks

Jonathan D. Blum, *Deputy Administrator and Director, Center for Medicare, CMS*

Current State of Part D: 2006 – 2012 *.75 CPEs

Cynthia G. Tudor, *Ph.D., Director, Medicare Drug Benefit and C&D Data Group, CMS*

This session will provide participants with an understanding of the study of the effects of Medicare Part D on non-drug medical spending for beneficiaries with limited prior drug coverage using national survey data and linked Medicare claims with focus on the discussion of policy implications of potential non-drug offsets for the Medicare program.

Part D Protected Class Drugs *.75 CPEs

Monica M. Reed, *Pharm.D., LCDR, USPHS, Medicare Drug Benefit and C&D Data Group, CMS*

Part D sponsor formularies must include all or substantially all drugs in the following six drug classes: Immunosuppressant (for prophylaxis of organ transplant rejection), Antidepressant, Antipsychotic, Anticonvulsant, Antiretroviral, and Antineoplastic classes. This presentation will provide demographic data and will analyze the utilization of these medications by evaluating PDE data from 2009 and 2010. This analysis may provide valuable information for future policy decisions.

Best Practice Service Level Expectations for a Comprehensive Medication Review in the Part D Medication Therapy Management Program *.75 CPEs

Brian Isetts, *Ph.D., BCPS, Professor, University of Minnesota, College of Pharmacy, and Center for Medicare & Medicaid Innovation, CMS*

John O'Brien, *Pharm.D., M.P.H., Director of Field Operations, Center for Medicare & Medicaid Innovation, CMS*

The purpose of this presentation is to analyze publically-available health plan communications pertaining to beneficiary expectations for a comprehensive medication review (CMR) in the Medicare Part D Medication Therapy Management (MTM) program. Since program inception, processes of care for conducting a CMR have been determined by health plans and vendors consistent with Drug Benefit Manual-Quality Improvement Program goals intended to aid in assessing medication therapy and optimizing patient outcomes. This presentation summarizes the content of publically-available descriptions of CMRs in the Part D MTM program. Implications for quality assessments, measure development, beneficiary communications, complaint tracking, public reporting, data validation, and the Department of Health and Human Services' National Quality Strategy initiatives to improve medications use will be discussed.

Breakout Session: Measuring the Benefit of Pharmacist Provided Medication Therapy Management Services within Medicare Part D: A Multi-Year Analysis

**.75 CPEs*

Mitchell Barnett, Pharm.D., MS, Touro University, College of Pharmacy

Brand Newland, Pharm.D., MBA, Vice President, Outcomes Pharmaceutical Health Care

With the growing use of Medication Therapy Management (MTM) services, it is important to understand why some candidates are not receiving MTM services and to better understand the subsequent outcomes of MTM interventions. Findings from a large retrospective study point towards possible reasons why some eligible candidates are not receiving MTM services. Results from this controlled study design also begin to provide an understanding of the potential limitations and benefits of MTM interventions.

Breakout Session: Using Part D Data for Provider Feedback and Quality Improvement **.75 CPEs*

Stephen J. Kogut, Ph.D., University of Rhode Island, College of Pharmacy/Healthcentric Advisors

Lynn Pezzullo, RPh., CPEHR, Senior Program Administrator, Healthcentric Advisors

Medicare Part D data provides valuable insights into patients' utilization of medication therapies, which can help inform providers' treatment decisions and support the achievement of performance goals among patients with particular chronic diseases. However, it is important to recognize that beneficiaries may obtain their medications through programs that do not generate a Part D claims (e.g., discount generic prescription programs, medication samples provided at the physician's office) and to consider the impact of such programs on the completeness of Medicare Part D claims data when setting improvement targets. This session presents the design and results of two collaborative data-driven initiatives to improve medication-related processes of care among Medicare Part D beneficiaries with diabetes mellitus, as well as key findings and lessons learned. Part D data were used to determine rates of use of angiotensin converting enzyme inhibitors, angiotensin receptor blocking agents and lipid-lowering therapies, and to determine rates of adherence with these therapies, using the medication possession ratio; measures were calculated at the state- and physician-level; and the data were shared privately with local providers as part of quality improvement initiatives.

Breakout Session: Clinical and Safety Outcomes and Racial Analysis of Eligibility for a Medicare Medication Therapy Management Program **.75 CPEs*

Erwin Jeong, Pharm.D., Kaiser Permanente, California

A large integrated healthcare delivery system will present results from its Medicare Medication Therapy Management program as it relates to outcomes on high-risk medication in the elderly, LDL control in diabetic and coronary artery disease patients, and HbA1c control in diabetic patients. Results from an analysis of racial eligibility into the program will also be presented.

Breakout Session: *.75 CPEs**1. Linking Inpatient Registries with Part D Data to Assess Post-Discharge Adherence****Lesley H. Curtis, Ph.D., Duke Clinical Research Institute**

Inpatient registries collect detailed clinical information during hospitalization but have limited post-discharge follow-up. Medications prescribed at discharge are collected but many do not accurately reflect medication exposure after discharge. Using a national heart failure registry, we demonstrate the opportunities associated with linking an inpatient registry with Part D data.

2. Who Enrolls in Medicare Part D Prescription Drug Benefit Program? An Analysis of Patient Characteristics and Drug Utilization Among Heart Failure Patients**Zubin J. Eapen, MD, Duke Clinical Research Institute**

Understanding the comparative effectiveness of drug therapies in heart failure (HF) is a priority because heart failure represents a substantial portion of annual Medicare spending. Dispensing data from prescription drug plans covered under Part D can be used to determine real-world effectiveness of HF pharmacotherapies in Medicare beneficiaries-elderly patients, often with multiple comorbidities who may be underrepresented in the clinical trials that form the evidentiary base for their care. We describe the population of Medicare beneficiaries with HF enrolled in Part D, the coverage phases they encounter, and the medications they receive.

Breakout Session: Pharmacoeconomic Outcomes of a Pharmacist-Led Medication Review Program *.75 CPEs**Susan Steele, Pharm.D., GEMCare Health Plan****Ryan Gates, Pharm.D., President, Frontline Pharmacy Consulting, Inc.****Matthew E. Dehner, Pharm.D., BCPS, Vice President, Frontline Pharmacy Consulting, Inc.**

Results of a clinical pharmacist-led medication review program implemented by a Medicare Advantage Prescription Drug plan will be presented. This pilot program was an added benefit in addition to the existing Medicare Medication Therapy Management program in place and targeted members on high cost medications who were in, or were in danger of entering, the Medicare coverage gap. This program was created and implemented in collaboration with consultant clinical pharmacists, plan physicians, and their staff. The goals of the program were to improve adherence, reconcile medications, reduce polypharmacy, and review for appropriateness along with reducing the total drug cost to the plan and the member and avoiding the member's entering the Medicare coverage gap.

Breakout Session: Impact of Market Competition on Part D Plan Premiums: Does Competition Among Public Plan Options Work? *.75 CPEs**Benjamin Howell, Ph.D., Senior Analyst, Center for Medicare & Medicaid Innovation, CMS****Jesse Levy, Senior Analyst, Center for Medicare & Medicaid Innovation, CMS**

We present an analysis of the impact of varying levels of market competition and year-to-year changes in competition among Part D plans on beneficiary premiums. We find that plans operating in Part D markets that are experiencing increasing levels of competition on average are offering lower plan premiums than plans operating in markets that are not experiencing growth.

Impact of Changes to LIS Status on Part D Drug Utilization *.75 CPEs**Thomas Kornfield, Health Insurance Specialist, Medicare Plan Payment Group, CMS**

Review of how cost sharing affects Part D drug utilization.

Plenary & Breakout Speakers | Day Two

March 21, 2012

Opening Remarks

Vikki Oates, M.A.S., Medicare Drug Benefit and C&D Data Group, CMS

Part D Coverage Gap: Plan and Beneficiary Characteristics Associated with the Coverage Gap

**.75 CPEs*

Confidence Gbarayor, Ph.D., MPH, Medicare Drug Benefit and C&D Data Group, CMS

The focus of this presentation is to summarize the 5-year trend in the percentage of beneficiaries who hit the coverage gap. Beneficiaries who exceed the initial coverage limit (ICL) are further described in terms of plan and demographic characteristics.

Part D Coverage Gap: Drug Adherence in the Coverage Gap **.75 CPEs*

Rebecca DeCastro, RPh., MHCA, Medicare Plan Payment Group, CMS

This presentation evaluates the results of prescription drug adherence and generic dispensing rates analyses between the Initial Coverage Limit, Coverage Gap, and Catastrophic Medicare Part D benefit phases for years 2009 through 2011. Specifically, the analyses looks at adherence rates of beneficiaries taking hypertension, dementia, hyperlipidemia, diabetes mellitus, and/or platelet aggregation inhibitor drugs with emphasis on 2011 results, which is the year of the Coverage Gap Discount Program implementation. Additionally, the prescription drug adherence rates are further differentiated by beneficiary demographics and statistically analyzed to provide a basis for variation within each rate. Lastly, the presentation will outline the 2011 Top 10 therapeutic drug classes, coverage gap discount dollar amounts per class, and the average coverage gap discount amount saved per beneficiary.

An Evaluation of the Performance of the Part D RxHCC Risk Adjustment Model **.75 CPEs*

Steve Calfo, FSA, Actuary, Medicare Plan Payment Group, CMS

An Evaluation of the Part D RxHCC Risk Adjustment Model.

Breakout Session: The Impact of Part D Coverage Gap on Adherence to Diabetes Medications **.75 CPEs*

Feng Zeng, Ph.D., MedImpact Healthcare Systems, Inc.

One unique feature of the Part D benefit design is the coverage gap (or donut hole). The Affordable Care Act will close the coverage gap starting from 2011. This research investigates the influence of coverage gap and the closings of coverage gap on adherence to diabetes medications.

Breakout Session: Generic Substitution in Medicare Part D Plans **.75 CPEs*

Jack Hoadley, Ph.D., Georgetown University, Health Policy Institute

The objective of this study is to examine how differing incentives used by Part D plans affect utilization of generic drugs. The study uses 2008 claims data from users of statins to treat cholesterol to test the effect of generic and brand copayment amounts and prior authorization and step therapy policies on the likelihood that a beneficiary's last statin prescription of the year was a generic drug. In this highly substitutable drug class, generic use is affected not only by the copays and utilization management requirements placed on brand drugs, but also by the copays plans' place on generics.

Breakout Session: Factors Influencing Prescription Drug Trend Within Medicare *.75 CPEs

Sharon Frazee, Ph.D., MPH, Vice President, Research & Analysis for Express Scripts, Inc.

Michael Looney, Senior Director, Medicare/Medicaid Product Management, Express Scripts, Inc.

The focus of this presentation is to discuss Medicare prescription drug trend and the factors influential in trend. We examine differences in Medicare trend compared to pharmacy trend for commercially insured beneficiaries as well as the impact of prescriber practices on Medicare trend.

Breakout Session: Plan Benefit Generosity, Adherence to Statins and Hospitalizations Under Medicare Part D *.75 CPEs

Tami Swenson, MA, Research Fellow, University of Minnesota

We developed a novel method to characterize and quantify coverage generosity of Part D plans which allows for measuring the expected out-of-pocket amount paid for a fixed basket of representative drugs separately in the pre-initial coverage limit (pre-ICL) and donut (gap) phases. Focusing our analysis on beneficiaries who use statins, we examined the association between plan benefit generosity and adherence to statins among age-qualified enrollees in stand-alone prescription drug plans. Next, we estimated the association between plan benefit generosity and likelihood of a cardiovascular hospitalization. The principle finding was that less generous plan benefits were associated with lowered medication adherence levels and increased likelihood of subsequent cardiovascular hospitalizations.

Breakout Session: Impact of Cost-Sharing on the Use of Biologic Therapies for Rheumatoid Arthritis in Medicare *.75 CPEs

Sean McElligott, Ph.D. (Candidate), School of Medicine, University of Pennsylvania

This is the first nationally-representative study to empirically examine the impact of patient characteristics and Medicare's Part B and D drug utilization management tools on biologics use for the chronic condition rheumatoid arthritis. The study found that Rheumatoid Arthritis (RA) patients that lived in the northeast were much less likely to use RA biologics and when they did use biologics that they were more likely to use physician-administered biologics (Part B). Additionally, it appears that beneficiaries that faced higher co-payments or other Part D utilization management tools (prior authorization or step therapy) for self-administered biologics were both less likely to use biologics and more likely to use physician administered biologics. This study highlights that there is unexplained regional variation in RA biologic use and that Parts B and D utilization management tools may be having unintended effects on optimal RA biologics utilization.

Prescriber-Level Variation in Potentially Inappropriate Medication Use in Medicare Part D Beneficiaries *.75 CPEs

Holly M. Holmes, MD, University of Texas, MD Anderson Cancer Center

James Goodwin, MD, Professor of Medicine, University of Texas Medical Branch, Galveston

Potentially inappropriate medication (PIM) use has been a persistent problem in older persons, leading to adverse drugs events and increased healthcare utilization. In this presentation, we will discuss PIM use in Medicare Part D beneficiaries. Provider factors that may contribute to PIM use will be presented for discussion, with a focus on policy and educational initiatives that could help reduce inappropriate prescribing.

Thank you for participating in the
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Drug Benefit Symposium.



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